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The CHILD

Monthly Bulletin

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No. 3

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Planning for Care of Children After Evacuation

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15 Medical Schools

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U.S. DEPARTMENT OF LABOR
CHILDREN'S BUREAU



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CONTENTS

CHILD-WELFARE SERVICES:	Page
Counseling Service in a Day-Care Program, <i>by Emma O. Lundberg</i> ...	31
Proposed Qualifications for Probation Officers.....	35
Book Notes.....	35
SAFEGUARDING THE HEALTH OF MOTHERS AND CHILDREN:	
The Home-Delivery Service—A Survey Made in 15 Medical Schools, <i>by A. W. Makepeace, M. D.</i>	36
Planning for Care of Children After Evacuation, <i>by Martha M. Eliot, M. D., and Katherine Bain, M. D.</i>	39
Book Notes.....	42
YOUNG WORKERS IN WARTIME:	
New Child-Labor Laws in Louisiana and Puerto Rico.....	43
EVENTS OF CURRENT INTEREST:	
Day Care in the News.....	44
Conference Calendar.....	44

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UNITED STATES
DEPARTMENT OF LABOR

FRANCES PERKINS, SECRETARY



CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

WE ARE fighting again for human freedom and especially for the future of our children in a free world. Children must be safeguarded—and they can be safeguarded—in the midst of this total war so that they can live and share in that future.—*A Children's Charter in Wartime.*

• CHILD WELFARE SERVICES •

Counseling Service in a Day-Care Program

By EMMA O. LUNDBERG

Consultant in Social Services for Children, U. S. Children's Bureau

WHAT IS COUNSELING SERVICE?

THE CONFERENCE ON Day Care of Children of Working Mothers, held under the auspices of the Children's Bureau in the summer of 1941, recommended that "counseling service provided as part of a unified community program should be available for mothers planning to enter employment or already employed. The object of this service is to assist parents in making plans which will safeguard family life and make adequate provision for the health and welfare of parents and children."

Day-care counseling has three main purposes: (1) To provide assistance to parents who wish advice regarding the practicability of the mother's employment from the point of view of the welfare of the children and the stability of the home; (2) to furnish information as to facilities available in the community for care and supervision of children whose mothers are absent from the home because of employment, with reference to the particular needs of the individual children and the family situation; and (3) to make available, directly or through other agencies, advice or assistance relating to the care and development of their children as affected by conditions arising from employment of the mother. The extent to which the third type of service is given by a central counseling service or by other agencies in the community must be determined by local conditions.

Counseling in relation to day care of children is a professional service, and it is essential that those engaged in it shall be social-service workers with experience in family and child-welfare case work and understanding of child growth and development. A variety of conditions enter into each situation and what may be practicable for one family may be unwise for another. The decision as to employment must be made by the families themselves, but the counselor must be able to assist parents to think

through the effect which employment of the mother will have upon the stability of the home and the upbringing of the children, and to plan wisely for the care and supervision of the children. The mother's relationship to the family and its needs must be considered, and she should take responsibility for carrying out plans which she herself makes with such advisory service as she may desire, and for modifying these plans when necessary.

Questions such as the following will need to be considered: Is the mother's health equal to the double task of employment and homemaking? What will separation from the mother mean to the individual children? Is the welfare of all the children in the family—those of school age as well as preschool children—being considered adequately? Is there danger that older children may get into bad company or become wayward because of the mother's absence from the home? Do any of the children have special physical, intellectual, or emotional problems which will be aggravated by the absence of the mother from the home during working hours? Will employment of the mother mean disorganization of home life; how may permanent injury to the home be prevented? If day care appears to be desirable, what special health or mental or emotional problems must be considered in deciding upon the kind of care to be obtained for the children? What arrangements can be made for children in day care if they become ill?

Information and advice should be available to parents not only when they are first considering the practicability of employment of the mother or seeking information in regard to day-care resources, but whenever they may wish such help.

If day care for children of working mothers is to serve the purpose for which it is intended in relation to war production it must be a means of assuring regularity of the work of

the employed mothers and freeing them from anxiety about the safety of their children which may reduce their efficiency. Careful consideration must be given to a mother's equipment for the kinds of work available in war production industries and other essential occupations, hours of employment in relation to arrangements which may be made for day care of children, and other conditions which may affect her ability to do the required work and also to fulfill her household responsibilities. If the hours or conditions of work in the occupation in which she is engaged or in which she is considering employment are such that she cannot expect to do this work without injury to her health or neglect of her children she should be helped to obtain work which will permit proper arrangements for care of the children. Many types of work are essential to the war effort besides those directly concerned with war production.

Mothers who apply for day care for their children are often in need of some other kind of help. It may sometimes be a question of assistance to the family, through "aid to dependent children" or some other form of aid by public or private agencies, so that the mother may be able to remain at home and care for her children. Or need may be indicated for the services of a health agency or some other organization. The staff engaged in counseling in relation to day care must be informed in regard to services provided by public and private agencies in the fields of social service, health protection, child guidance, education, and recreation, and by other organizations in the community.

WHY IS COUNSELING SERVICE NEEDED?

The wisdom of the recommendation by the Conference in regard to counseling service has become increasingly evident as communities have come face to face with the complex problem of providing day care for children of mothers employed in war production areas. On the one hand, there is the incontrovertible fact that the employment of women, including those with household responsibilities, will be required in war production areas where there is a limited labor supply and that in these areas special safeguards must be provided for the children of women war workers. On the other hand, there is a tendency to forget that the employment of mothers of young children involves many problems for industry as well as for the families concerned.

It is clearly uneconomic for the community to provide substitute care for children of

mothers whose work in war industries could be done as efficiently by other available labor. From the point of view of the welfare of children, no one will dispute the statement by the Conference on Day Care of Children of Working Mothers that "Mothers who remain at home to provide care for children are performing an essential patriotic service," or the words of the Secretary of Labor, Frances Perkins:

"In this time of crisis it is important to remember that mothers of young children can make no finer contribution to the strength of the Nation and its vitality and effectiveness in the future than to assure their children the security of home, individual care, and affection. Except as a last resort, the Nation should not recruit for industrial production the services of women with such home responsibilities."

In this period of emergency, as in normal times, many forces operate to bring mothers of young children into employment away from the home. In the first place, there is the need of many women to supply maintenance for their children. When work is available at comparatively high wages there may be the added incentive to increase the family income, and there is also the very laudable desire to be of definite help in the war effort. In some communities officials administering aid to dependent children are all too ready to urge or to condone the mother's employment in order to reduce the expense of providing for home care of children in accordance with the intent of this important feature of social security. It is also true that in some communities women with household responsibilities are being actively recruited for gainful employment when the necessary labor supply could be made available from other sources.

Provision of adequate day care for children of women war workers is a very complex problem, and it is little wonder that those responsible for planning community day-care programs find themselves in a state of confusion and that individual mothers are torn between their desire to be of help in the national emergency and their concern for the welfare of their children. The problem cannot be solved merely through the adoption of policies and provision of general safeguards, important though such measures may be. It must also be dealt with case by case, taking into consideration the particular circumstances of families and individuals.

Making counseling service available is the logical first step in providing day-care facilities. In war production areas, where there is apparent need for day care but where no facilities are as yet available, counseling service will be needed coincidentally with the establishment of day-care centers and other forms of service for

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which the community survey has indicated need, thus assuring the utilization of day care by those who actually require such service. In communities where day nurseries and other types of care already exist counseling service will make it possible to utilize these facilities to the utmost while additional services are being made available. It is an important function of counseling service to furnish current information to the planning group in regard to the need for day-care facilities and the types of services required. A community day-care program cannot be static; in order to meet actual needs in a constructive way it must keep pace with and anticipate the demands for service.

WHAT ARE THE ESSENTIALS OF DAY-CARE COUNSELING SERVICE?

Counseling service has already been started in many communities where employment of large numbers of women makes it evident that there will be extensive need for day care of children. Up to this time counseling has been largely experimental, for the purpose of discovering the need for this service and determining the most practicable method of making it available for mothers who are already employed and for those contemplating employment. Reports in regard to a considerable number of areas show a variety of plans for making the service available in different types of communities.¹

As a demonstration of the need for such service, counseling has been provided in some areas by existing public or private family-welfare or child-welfare agencies. The type of experienced personnel available in these agencies is essential for adequate counseling. Methods of supplying counseling service will necessarily differ according to the character of the area to be served and the stage of development of the community day-care program.

It is generally recognized that counseling service on a community-wide basis should be set up as a distinct function of the community day-care program and should be easily accessible to mothers who are employed and to those who are considering employment. The service should be acceptable to those who wish information or advice and should not be related in the public mind to the administration of public assistance, private relief, or case-work service to dependent children and families.

Day-care counseling is closely related to child-welfare services, which have as a major

purpose the preservation of home life for children, whenever possible, helping to work out with parents and community agencies the ways in which the special needs of children living in their own homes may be met. Such child-welfare services have been developed as a part of public-welfare administration in many communities and are being extended in defense areas. The objectives of day-care counseling service are included in a broad community child-welfare program, and counseling service might well be developed as a function of the local public-welfare department. When counseling service is conducted under the auspices of a public-welfare department it should have a separate identity, though it should be closely related to other public and private services for children and families.

The service may be located either in one central office or in several areas of the city, depending upon the requirements of the community. Special emphasis should be placed upon the relationship between the public employment service and counseling service. The employment service provides information in regard to the needs of industries and employment possibilities and is informed about employment policies and working conditions—facts which must be given careful consideration in individual counseling. In areas where employment in war industries represents the major type of work available to women with young children it is especially advantageous to have the counseling service very closely related to the public employment service, with the central office in or near the employment office if the location of that office is appropriate for the counseling function, although not as a rule operated by the employment service. In any event, association of these two services will have a specific value in clarifying the status of counseling service as a public service directly concerned with a definite need in the community which is related to the problem of labor supply.

The question of hours during which counseling service is provided must be considered carefully. Reports from communities show that in a number of places arrangements are made for evening hours and even Sunday hours in order that mothers who are employed may be able to make use of this facility.

Several of the community committees responsible for day-care planning have brought counseling service to the attention of families through attractive posters placed in war production plants and other strategic places, explaining its purpose and directing those interested to the agency or central office where they may obtain information and advice. The

¹ Reports sent to the Children's Bureau in June 1942 by State welfare departments concerning State and community day-care programs.

value of newspaper publicity is also evident. Unless there is general knowledge in the community as to the place or places where information about the community's day-care program can be obtained and where parents may come for individual advice, the purpose of the plan is defeated. The information must reach mothers who are considering seeking employment as well as those already working. It is important to have it clearly understood that counseling service does not involve "probing into family circumstances" or "supervising" the families, but that it is a free service entailing no obligations and that its sole purpose is to help parents in planning for their children.

All the reports received on counseling service showed appreciation of the necessity for personnel—whether on a paid or a volunteer basis—especially equipped for this service. The extent to which experienced workers in family-welfare and child-welfare agencies are volunteering their services in order to promote the plan is of special interest, as is the readiness of social agencies to make staff available to local defense councils or other community groups concerned with day care.

The purpose of day-care counseling is not only to give information and to assist families in planning for the care and supervision of their children, but also so far as possible to eliminate unnecessary or unwise use of day-care facilities. Many of the mothers who apply for day care for their children actually are faced with problems which cannot be solved by such care but which require the services of various community agencies. For example, the report from one city where counseling service was established recently contains the information that in the first 2 weeks the social worker in charge of this activity had contact with 70 family situations. "In 34 cases assistance on day-care plans for the children seemed to be indicated, and for the most part the necessary resources were available. The other families were referred to the health agency, the child-guidance center, and many other social agencies." It is not the function of counseling to undertake treatment of individual child or family social problems any more than it is its function to provide health services; situations requiring such assistance should be referred to the proper agency. The counseling staff must

know how to make intelligent referrals, and on occasion may need to follow up on them so as to know whether there is need for further advice and assistance in relation to day care.

Every day-care facility—whether a day-care center, an agency providing foster-family day care or service in the home, or a school or other organization concerned with activities outside regular school hours—should have within its own program, or available to it through family and child-welfare agencies, case work and child guidance for individual children and families who need special service. In some communities this service can best be provided by the central office of the day-care committee as an adjunct of counseling. It should be borne in mind that such individual case-work service will be required in many instances and that it must be considered in planning the community day-care program.

The points that appear to be of special importance in establishing counseling service for working mothers and those who are considering employment may be summarized as follows:

1. Counseling service on a community-wide basis should be set up as a distinct function of the community day-care program. It should be easily accessible to all in need of such service and acceptable to them.
2. Counseling service should be related to the work of child-welfare and family agencies, both public and private, and might well be developed as a part of a public child-welfare program. However, it should be identified with the community day-care program.
3. There should be a close relationship between the public employment service and the counseling service.
4. The hours during which counseling is offered must be such that working mothers can avail themselves of the service without losing time from their work. It may be necessary to provide for Sunday hours as well as evening hours.
5. The services must be made known to those who may wish to use them. This may be done through newspaper publicity describing the purpose of the community day-care program and giving information regarding the availability of information and advice, through posters placed in employment offices, industrial establishments, and other strategic points, and through information distributed through labor unions and other organizations.
6. The staff who provide counseling on day care should be experienced in family and child-welfare service, and should have an understanding of child growth and development. They should be familiar with local employment practices and with the social, health, educational, and recreational resources of the community.

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Proposed Qualifications for Probation Officers¹

At the 1941 session of the Judicial Conference of Senior Court Judges the Chief Justice of the Supreme Court appointed a committee to study standards of qualifications for Federal probation officers and submit a report at the September 1942 conference. In its report the committee was to consider the advisability of supplementing the general statement that "probation officers should be appointed solely on the basis of merit without regard to political considerations; and that training, experience, and traits of character appropriate to the specialized work of a probation officer should in every instance be deemed essential qualifications" by recommending definite qualifications to be required of the candidates.

In preparing its report the committee consulted some 30 recognized authorities in the correctional field.

The Report of the Committee on Standards of Qualifications of Probation Officers points out that the work of a Federal probation officer is of two principal kinds, each calling for abilities of a professional nature: The supervision of persons on probation and parole who have been committed to his charge; and the investigation between conviction and sentence of persons convicted, for the purpose of furnishing the judge with all available information. Because the method of probation is the adjustment of an offender to society outside of prison, largely by his own efforts with the guidance and help of a probation officer, and because impersonal facilities have practically no part in the process, reliance must be placed on the personal influence which the probation officer can exert.

The following points are covered by the report:

Character.—Probation officers who become known for their success in reclaiming offenders, the committee finds, are those who are motiv-

ated by a genuine attachment to their fellow-men and who therefore give their efforts without stint and with patience, steadiness, and the resolution that overcomes obstacles.

Age.—A probation officer should be old enough to have reasonably mature judgment and young enough to be energetic, because the work makes exacting physical as well as intellectual demands. An age range of 24 to 45 years is suggested. The minimum is made as low as 24 years because it has been shown that young men of strong personality, if their judgment is sufficiently reliable, can often work more effectively than older persons with offenders, particularly with young offenders.

Education.—Because the functions of probation officers clearly call for general knowledge and mental discipline not attained short of a college course or its equivalent, a college degree is recommended as the educational requirement, although in rare cases an exception might be made when the candidate "gave unequivocal evidence of his fitness by positive achievement in a related field."

Experience and training.—A minimum of 2 years' experience in personnel work for the welfare of others or 2 years' specific training for welfare work in a school for social service of recognized standing or in a professional course of a college or university of recognized standing should be required, the committee believes. "Mere amateurs having neither experience in welfare work of substantial character nor definite training for it ought not to be appointed as probation officers. The risk of failure is too great. Previous success in comparable work is the best demonstration of competence."

Probationary appointment.—A probationary period of 6 months is recommended, at the end of which the appointment should be made permanent if the service rendered has been deemed satisfactory by the court. Mistakes could thus be corrected before the appointment became permanent and the embarrassment of removal through subsequent court action avoided.

¹ From correspondence with the Administrative Office of the United States Courts, Henry P. Chandler, Director (Supreme Court Building, Washington, D. C.).

BOOK NOTES

PSYCHIATRIC ASPECTS OF CIVILIAN MORALE, prepared by the Military Mobilization Committee of the American Psychiatric Association. Family Welfare Association of America, New York, 1942. 62 pp. 50 cents.

The first two chapters deal with the experiences of civilian populations during war and with the value of social institutions during such a period. Factors producing abnormal behavior patterns during mobilization and war are discussed along with the types of reaction produced and the treatment of such disorders. The importance of morale is stressed.

Anxiety, break-down of morale, and fatigue and the control of these factors are discussed in the three remaining chapters, with the objective of enabling civilian defense workers to understand human reactions and to deal efficiently with groups of people.

RURAL YOUTH'S PART IN WAR TIME, prepared for the American Youth Commission of the American Council on Education (744 Jackson Place, Washington, 1942. 8 pp.). Suggestions are given for activities which rural youth in all communities can undertake as individuals and as a group.

SAFEGUARDING THE HEALTH OF MOTHERS AND CHILDREN

The Home-Delivery Service A Survey Made in 15 Medical Schools

By A. W. MAKEPEACE, M. D.¹

In many medical schools students receive part of their training in obstetrics and take their first responsibility as practicing physicians while assigned to the home-delivery service. The object of such a service is to offer training and experience in obstetrics, and in some schools in which the hospital obstetric service connected with the school is inadequate, to permit students to meet the requirements for graduation. In addition, obstetric service is made available to women who cannot otherwise obtain it.

In order to obtain information in regard to the training of medical students in home-delivery services and the quality of the care rendered to the women delivered, the Children's Bureau engaged the services of an obstetrician—the author of this paper—to make a survey of such services in 15 medical schools for white students.² Most of these schools are in the southern part of the United States. The following information is a condensation of the report made to the Children's Bureau, United States Department of Labor.

Preliminary Instruction of Students.

In all the 15 schools visited, the students, before assignment to the home-delivery service, received instruction in basic normal obstetrics. The extent to which this basic knowledge was later amplified and supplemented by practical instruction and experience varied considerably.

In all the schools the students served in the prenatal clinic either before or during assignment to the home-delivery service. The student was usually instructed in prenatal care by the resident or one of the staff men; in one school, however, there was no organized instruction. As a rule at the prenatal clinic visit the form was filled in by the student and was checked by an interne or higher staff member. In at least

three of the schools the clinic records were not available at the time of delivery.

Selection of Patients.

It is obviously desirable to select, from the women who wish to be delivered at home, those who will not present an obstetric risk and whose homes will not be too unsuitable as places in which to conduct the delivery.

The wisdom of the decision as to which patients are least likely to present an obstetric risk, of course, depends on the ability of the physician who makes it or guides the student in making it. In the schools visited the patient generally considered acceptable for home delivery was a healthy normal multigravida, though, in some, primigravidae also were accepted (table 1). In only 10 of the 15 schools was the home investigated to determine its suitability as a place for delivery. The investigations were usually made by a public-health nurse.

TABLE 1.—*Selection of patients for delivery in the home*

School	Type of patient accepted for delivery in home	Home investigated as to suitability for home delivery
A.....	Normal multiparae.....	Yes
B.....	All except major abnormalities.....	No
C.....	Normal only.....	Yes
D.....	Normal only.....	No
E.....	Normal multiparae.....	Yes
F.....	Normal, principally multiparae.....	Yes
G.....	Normal only.....	Yes
H.....	Variable, depending on number of beds available in hospital.....	No
I.....	Normal multiparae, including breech presentation.....	Yes
J.....	Normal only.....	No
K.....	Normal multiparae only.....	Yes
L.....	Normal, and multiparous breech presentation and mild toxemias.....	Yes
M.....	Normal only.....	No
N.....	Normal only.....	Yes
O.....	Normal multiparae.....	Yes

Procedure in Answering Calls.

The schools differed in their procedure when the patient called for assistance. Students answered the call either alone or in pairs; with

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² Includes one school that accepts Negro students.

or without nursing aid; and with or without medical supervision.

The promptness with which the call can be responded to is, of course, important, and when the students live elsewhere than at the hospital there may be delay in notification. The students lived at home in 8 of the schools, and at the hospital or clinic in 7. Transportation to the patient's home was the student's problem in all but 4 of the 15 institutions.

Supervision of Students and Caliber of Medical Care.

The degree of responsibility the student had to take during the labor and delivery varied in different schools from zero to 100 percent. In 2 schools no physician ever accompanied the student, even for his first delivery, unless the student requested it. In these schools the new student was initiated into the technique of home delivery by a student who was a member of the preceding group of students on this service. On the other hand there were 3 schools in which an interne, a resident, or a fellow in obstetrics attended all deliveries by students and was said to have been present during 40 to 70 percent of the labor period as well. The practice in the remaining 10 schools was for a resident, an assistant resident, or an interne to supervise the student's first delivery and occasionally the second one, and thereafter to go to a home only upon request (table 2).

It is obvious that the caliber of the medical care given by students will vary with the amount of supervision and consultation. In some of the schools the supervision and consultation seemed adequate. In others, however, it was woefully lacking, and the results were apparent in the caliber of the care. For example, in 7

schools the blood pressure was not taken routinely during labor (table 3). Again, although an inhalation anesthetic was given to many patients, the possibility of a recent or current upper respiratory infection was ignored in 7 of the schools, no attempt being made to question or examine the patient with this in mind. The technique at delivery frequently had glaring defects. At one school there was no preparation of the hands of the accoucheur except the use of dry sterile gloves. In another, patients were not shaved, not because of insufficient time but because of established policy. All variations of policy with regard to use of gowns and masks were in force; in 7 of the schools gowns and masks were used; in 3, gowns but no masks; in 2, masks but no gowns. In 3, neither were used.

Nursing Care at Delivery.

The policy with regard to nursing care at delivery also varied. A nurse was required to be present to assist at the delivery in only 7 of the 15 schools (table 2).

Medical Care During Puerperium.

The work of the students during the immediate puerperium was characterized in nearly every school by the casual care given the newborn infant in respect to general physical condition, heat conservation, and later nutritional needs. The later puerperium was handled in about the same way in all the schools as to quality of care, but with marked differences in the quantity. In four clinics a daily call was made for at least the first 8 days; in eight clinics the minimum was five calls, and in the remaining three clinics four or fewer calls were made (table 3).

TABLE 2.—Preliminary education of student and supervision during home-delivery service

School	Attendance at lectures on obstetrics	Hospital deliveries		Home-delivery demonstration	Attendance at clinics ¹		Who assists students in the home					
		Attendance at	Participation in		Prenatal	Postnatal	Physician			Other student (routine)	Nurse	
							Always	First few cases only	Only when called			
A.....	Yes	Yes	No	No	Yes	Yes		Yes			Yes	No
B.....	Yes	Yes	Yes	No	Yes	Yes		Yes			Yes	No
C.....	Yes	Yes	Yes	Yes	Yes	Yes			Yes		No ²	No
D.....	Yes	Yes	No	Yes	Yes	No		Yes			No	No
E.....	Yes	Yes	No	No	Yes	Yes		Yes			No	Yes
F.....	Yes	Yes	Yes	No	Yes	Yes	Yes				Yes	Yes
G.....	Yes	Yes	Yes	Yes	Yes	Yes		Yes			Yes	Yes
H.....	Yes	Yes	Yes	Yes	Yes	Yes		Yes			Yes	No
I.....	Yes	Yes	No	No	Yes	Yes		Yes			Yes	No
J.....	Yes	Yes	Yes	Yes	Yes	Yes		Yes			Yes	Yes
K.....	Yes	Yes	Yes	Yes	Yes	Yes		Yes			Yes	Yes
L.....	Yes	Yes	Yes	No	Yes	Yes	Yes			No	Yes	Yes
M.....	Yes	Yes	No	No	No	Yes	No	Yes			Yes	No
N.....	Yes	Yes	Yes	No	Yes	Yes			Yes		No ²	Yes
O.....	Yes	Yes	Yes	No	Yes	No		Yes	Yes		Yes	No

¹ Attendance is always before student goes on home-delivery service or while he is on home-delivery service.

² Student from preceding group on first case only.

TABLE 3.—Conduct of labor, delivery, and puerperium

School	Physical examination of patient at time of delivery			Inhalation anesthesia		Preparation of patient				Preparation of student			Medical care during puerperium			Mor-bidity and mortality records kept
	Heart	Lungs	Blood pressure	Routine	Occasional	Enema	Shave	Soap scrub and anti-septic	Ade-quate draping	Gowns	Masks	Scrub-up	Daily visits, 8 or more	5 to 8 visits	4 visits or less	
A.....	Yes	Yes	Yes		Yes	Yes	Yes	Yes	No	Yes	Yes	Yes		Yes		Yes
B.....	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes		Yes
C.....	Yes	No	Yes			No	No	Yes	No	No	No	No			Yes	No
D.....	Yes	Yes	Yes		Yes	No	Yes	Yes	No	Yes	No	Yes		Yes	Yes	No
E.....	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes		No
F.....	No	No	Yes		Yes	Yes	Yes	Yes	No	No	No	Yes	Yes			Yes
G.....	Yes	Yes	No	No	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes			Yes
H.....	Yes	Yes	No	Yes		Yes	Yes	Yes	No	Yes	Yes	Yes			Yes	No
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J.....	No	No	Yes	Yes	No	No	Yes	No	Yes	Yes	No	Yes	Yes		Yes	No
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O.....	No	No	No		Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes		No

Morbidity and Mortality Records.

In order to assess the value of a home-delivery service it is necessary to keep accurate records of the maternal, fetal, and neonatal morbidity and mortality. These data were recorded in only 8 of the 15 institutions visited. In the other 7 the records were very incomplete; and in a few of these, it was not even possible to learn the number of maternal deaths during the preceding year (table 3).

Discussion.

It is clear from the findings of this survey that many of these medical schools were not giving proper training in obstetrics to the students, nor were they affording proper medical care to the women they attended.³

Miller⁴ has included home-delivery services among his examples in "The Perpetuation of Error in Obstetrics and Gynecology." He points out that "Obstetric care based on present-day standards requires a surgical environment and equipment, adequate assistance, and mature obstetric judgment. These things cannot be obtained or maintained cheaply."

He states further:

I recognize that home delivery will remain a necessity for many years to come. Indeed, in some communities we may never get entirely away from it. In decrying this traditional method, in urging a newer and higher standard of obstetric care based on modern physical and scientific possibilities, I am not overlooking the fact that in the sparsely populated, rugged country of the frontier mother and among the extremely poor, especially in the rural areas of the South where there are neither hospitals nor good roads, the problem is indeed a real one. Much has

been accomplished in these areas. More will be done in the future. But the fact that newer standards may not now appear attainable in these areas should not deter us from seeking the best for the parturient woman. The handicapped communities need our understanding and help, but they should not set the standard of quality for obstetric practice. Of course patients can be delivered in the home, and safely too, provided the necessary skill and equipment are made available.

Medical schools must recognize a responsibility to the physicians in training and to the women they will attend. Students assigned to home-delivery service are receiving their first practical obstetric training. For a school to have this take place under the worst possible circumstances, with a minimum of equipment, inadequate facilities for efficiently carrying out good aseptic technique, and little or no supervision at any time seems nothing short of criminal. The acquisition of experience and self-confidence is desirable *in its place* but not in the preliminary instruction of students in the art of obstetrics. Is it any wonder that almost all physicians have a false feeling of confidence that they are perfectly able to deliver almost any woman? If they were permitted to do so as third- and fourth-year students, certainly when they become licensed to practice medicine they will have every reason to feel that they are still able to do so.

Another aspect of the situation is equally bad. The student first learns not a good, thorough technique, but how to cut corners. He does things he would not be permitted to do in a hospital delivery room. This would be quite all right for a trained obstetrician who knows what the essentials are and what can be safely dispensed with. The third- or fourth-year student, however, has neither the judgment nor the knowledge needed to make such decisions.

³ In some of the schools plans were being made to improve the service at the time this survey was made.

⁴ Miller, Norman F.: The Perpetuation of Error in Obstetrics and Gynecology. *Journal of American Medical Association*, Vol. 117, No. 11 (September 13, 1941), p. 906.

It is obvious that there is now and will be for some time to come need for delivery service in the home. This should be conducted by trained obstetricians or by properly qualified and supervised nurse midwives.

If in some medical schools home-delivery service, in addition to hospital experience, is considered by the authorities of the school to be necessary for the adequate training of medical students in obstetrics, then—

1. The service should be so conducted that the standards for care are on a level with those maintained in the hospital connected with the medical school. In order that the standards may be maintained, there should be:

- a. Careful selection of cases for home-delivery service, based partly on inspection of the home.
- b. Supervision of labor and delivery by members of the obstetric staff.
- c. Conduct of labor and delivery with aseptic technique.
- d. Qualified nursing assistance at the time of labor and delivery.
- e. Qualified medical and nursing care of mother and infant in the puerperium.

f. Records of morbidity and mortality among mothers and infants, adequate to demonstrate the results of the service.

2. The area covered by the service should be near enough to a hospital with a specialized obstetric service to provide for hospital care in all emergencies.

How long it will continue to be necessary to train physicians to conduct deliveries in the home is a matter for speculation. Obviously, the ultimate objective of every community should be to have all maternity patients delivered in hospitals maintaining approved standards for the care of maternity patients, by— or under the supervision of—physicians trained in obstetrics. Only when this is done can all maternity patients and their infants receive the full benefit of the knowledge available concerning the conduct of labor, the puerperium, and the care of newborn infants. Until it is possible to reach this objective, many deliveries will take place in the patient's home and medical schools must continue to give the best instruction possible on the conduct of home deliveries.

Planning for Care of Children After Evacuation

By MARTHA M. ELIOT, M. D., *Associate Chief, Children's Bureau*, and KATHERINE BAIN, M. D., *Director, Division of Research in Child Development*

Withdrawal from danger is a natural action and in no way represents cowardice. For people to wish to protect the lives and well-being of children is a normal, human reaction. So, as danger approaches a city or a country, it is not remarkable that plans should be made to remove civilians who are not essential for the life of the community from danger zones if the military situation warrants it. Pregnant women, children, the aged, sick, and infirm not only are nonessential to the life of a city under bombing, but hamper efforts for its protection by the use of its personnel and supplies. If bombing comes or is imminent, it is inevitable that some parents will send their children to a safe place, if such can be found, to save their lives and spare them unnecessary shock. They will even prefer that their children suffer the risks and insecurity associated with separation from family to the danger of destruction from bombs. Many others will also wish to send their children away, but cannot, either because they lack funds or because they do not know how to proceed. To these the government has a respon-

sibility. Evacuation, whether of all citizens or of special groups, whether from a large area or from a small community, falls within the province of the government.

Movement of people is but one small phase of the problem, and long-continued care may be needed. The regulation and financing of such a scheme are beyond the ability of a private organization or of any one community. But of even greater importance is the fact that in any country movement of people may take place across boundary lines of political units within the country, and perhaps even across national boundaries. Where people may go and where they may be cared for satisfactorily cannot be decided by each city or community for its own citizens, else competition or chaos results. Overall planning by the government or governments involved is essential for fairness to all.

The administrative machinery for an evacuation obviously will vary with circumstances and probably will not be alike in any two countries. To simplify operation, to prevent conflict and overlapping, and to strengthen permanent services, it is probably advisable that administration of evacuation and care as far as possible be through existing public agencies. Certainly

¹ Second part of paper presented at Eighth Pan American Child Congress, Washington, D. C., May 2-9, 1942. The first part appeared in *The Child*, July 1942, under the title, "Protection of Children in Danger Zones."

the closest cooperation should be maintained between those in charge of evacuation and those responsible for providing health, welfare, and education facilities for children.

To many, the major part of an evacuation is thought to be the removal of persons from a danger zone. Actual physical transfer, though requiring planning and skill, is a minor aspect of the problem. The heart and core of evacuation is the placement and continuing care of the evacuees. The success of evacuation depends to a minor degree only on the perfection of details of transportation, but to a major degree on planning and preparation in the reception area.

Selection of Reception Areas.

One of the first steps in planning for care after evacuation is the selection of suitable reception areas. It is the province of the military authorities to designate the areas considered relatively safe, but it must be remembered that the military situation changes. Areas first used as reception areas in England later became areas to be evacuated. Within areas judged to be relatively safe, districts suitable for reception of evacuees must be selected. Such a selection is based on a survey, or on an accumulation of data, relating to means of transportation; food supply; amount and suitability of housing; sanitary conditions; climate, health, and education facilities; and many other factors. If a district is basically suitable, services to meet the needs of the increased population can be supplied. It would be impossible, however, at a time when every effort must be made toward defeating an enemy, to undertake enterprises which require large amounts of construction in isolated places. On the other hand, if enough time can be had for preparation much can be done toward improving conditions in less favored communities, thus providing for evacuation and at the same time raising the level of living of a part of the population.

Principles of Placement and Care.

Care of evacuees consists primarily in careful placement, continuing supervision and care, and provision for health, education, and recreation services.

In any removal of population groups the greatest danger to children lies in the break-up of family ties. So long as family unity can be maintained, the adjustment of evacuees to a new environment will be less difficult. These are situations in which complete families may be moved, as when all civilians must leave the neighborhood of a military objective, but usually the men will be engaged in war activity which

precludes their removal. At times, too, the women may be essential to war effort, and children must go unaccompanied by their parents. Following the principle of keeping relatives, neighbors, and friends together will increase the evacuee's sense of security.

Accommodations should be supplied in reception areas for family groups maintaining their own home life, for group care of children, and for individual placement in private homes. In addition there will need to be temporary quarters, where new arrivals can be accommodated until placement can be made. Established standards for group care and for foster-home placement should be maintained, though it is recognized that modifications will be necessary to meet the situation. Trained personnel is nowhere available to meet the entire need. This is as true in the field of health and medical care as of social service. Partly trained persons, working under the supervision of professional personnel, may be utilized to carry the mass of the work.

Supply of Personnel.

The recruitment and training of personnel should be part of the planning and preparation for care. A careful survey of professional and semiprofessional workers in the reception area and of those available for transfer from the evacuation area is an early step in planning. Consideration must be given to the needs of persons remaining in danger zones, and the most efficient use of personnel determined. Those in charge of evacuation should know what personnel is available in the fields of social service, health, medical care, education (including nursery education), and recreation. Where shortages are apparent, training should be undertaken. Continuation of professional training in all of these fields should be encouraged. Short "refresher" courses for persons trained but inactive should be instituted, as well as courses designed to train "aides" to professional workers.

Welfare Services.

The adjustment of the newcomers to strange surroundings, to a different mode of living, often to a different family group, and their integration into the life of the community will be facilitated if enough social workers are available to give information, advice, and consultation, and to help in community planning for the additional facilities needed. Children in foster homes must have adequate supervision, for the adjustment to a new group is not an easy one. Emotional disturbances and behavior problems may make their appearance as a result of loss of

family security. In many instances replacement may be necessary in order to secure a satisfactory environment for the child.

Health and Medical Care.

The needs of evacuated children for health services and medical care are basically the same as the needs of all children. If planning has been adequate and time has permitted good preparation, children reaching reception areas should be in satisfactory condition, with major defects corrected and immunization against contagious diseases completed. Their need will be for continuing care. If preparation is less adequate, examinations, necessary treatment, and immunizations should be provided for in the reception area as soon after arrival as possible. Many of the communities to which children may be transferred are less well supplied with public-health services and with good medical care than the areas from which the children have come. Increased population puts a greater strain on the sanitary facilities in a district. Adequate safe water and milk supply must be assured. Disposal of refuse and control of mosquitoes are a part of the health program. Planning for care of evacuated children must include provision for expansion of existing services in reception areas and supplementation where services are inadequate. Child-health conferences, prenatal clinics, school medical programs, and public-health nursing should be provided.

To furnish adequate medical care in most situations physicians and nurses will have to be transferred from evacuation to reception areas. This allocation of medical personnel is part of the over-all planning. Hospital beds for children should be available, and also consultation service by physicians especially trained in the care of children.

If hospitals are at a distance or not sufficient in number, small infirmaries should be planned to accommodate cases of minor illness. This will relieve the householders in whose charge the children are from assuming care for children who must be put to bed even though not seriously ill.

Handicapped children, such as the blind, deaf, defective, or crippled, may need care in groups or in private homes. Many will need special medical care. For the emotionally disturbed child, it may be necessary to provide special group accommodation and psychiatric treatment.

The type of maternity care which should be provided depends somewhat on the type to which the evacuees are accustomed. Whether delivery in hospital or home, by physician or midwife is contemplated, service of good quality should be

planned. Better service to all may be provided if maternity cases are concentrated in certain selected areas which are specially equipped and staffed for obstetric care.

Education Services.

One of the stabilizing factors in the child's life is his education, which must continue with as little interruption as possible. Planning for care of evacuees should include provision for expanding local education services with personnel and equipment. In principle it seems inadvisable to set up a separate educational organization for evacuees. Local services should be shared, and should be increased to meet the increased demand. In many instances it may be difficult to provide the same standard of instruction which prevailed in the home city, but the increase in knowledge obtained through new surroundings may compensate.

Helping Evacuees to Adjust.

In all planning for evacuation it is necessary to see that the evacuees are comfortable and happy. In carrying out placement, religious preference should be respected. Provision for community feeding centers, nurseries, clubs, and recreation groups not only will supply outlets for children's needs, but will relieve the strain on overburdened adults, whether parents or foster parents. Some tension is inevitable between host and guest. All measures to relieve such tension will enhance the success of evacuation, for unhappy, discontented evacuees, unless under military compulsion, will return if possible to their homes in the danger area. Fire and destruction at home are preferable to safe, but strange and hostile, surroundings.

Because evacuation is temporary, it is essential that home ties be kept as strong as possible. Though making an adjustment to a new group, the evacuated child must nevertheless retain contact with his parents and home in order that his later return may be facilitated. Communication and visiting by parents should be encouraged and made possible. The evacuated child needs especially to be assured of the safety and well-being of his family at short intervals. This is particularly true of the child who has experienced bombing.

Standards and Goals.

Any country planning for care of evacuated persons should adopt standards and procedures applicable to all and should endeavor to hold tenaciously to such standards of care. The evacuee is an evacuee through no fault of his own. His part in the tragedy of modern warfare is not of his choosing, and he should not be

penalized for the role he is chosen to play. Especially should he not be separated from all members of his family if maintenance of the group or part of the group is possible.

Planning for care of evacuated children should not be delayed until danger is here. Satisfactory plans require time to be perfected and cannot be thrown together hastily. That preparations are made does not mean that evacuation inevitably follows. It should certainly not be undertaken unless there is real necessity. No

one wants to evacuate children needlessly, but to shut one's eyes to the possibility is foolish; to be caught without a plan for orderly procedure is to risk the chance of panic and the lives of children and other civilians unnecessarily.

Even though evacuation never takes place, preparatory steps need not be wasted, for essentially all preparation is aimed to increase basic services and add to the health and welfare of the people.

BOOK NOTES

THE FOOD AND NUTRITION OF INDUSTRIAL WORKERS IN WARTIME. First report of the Committee on Nutrition in Industry. National Research Council, Reprint and Circular Series No. 110, Washington, April 1942. 17 pp.

This first published report of the Committee on Nutrition in Industry reviews the nutritional needs of workers in war industries and the extent to which these needs are being met in large industrial concerns visited by a member of the committee during the summer of 1941. Four major causes of nutritional inadequacy are listed by the committee: Poor food habits; poor food service in the plants, the homes, and the community eating places; economic insufficiency, and metabolic stress. The committee recommends that nutritious foods at prices the workers can afford be made available in plants in the form of meals and between-meal snacks. An educational program should be undertaken to help the workers in food selection. The influence of diet and nutrition on health and efficiency of industrial workers should be studied under controlled conditions.

FOOD VALUES IN SHARES AND WEIGHTS, by Clara Mae Taylor. Macmillan Co., New York, 1942. 92 pp. \$1.50.

Data on the amount of essential nutrients in household measures of most of the common foods in the American diet are presented in two tables. The first table expresses food values in terms of the "shares" that the late Professor Mary Swartz Rose and Miss Taylor have used successfully in teaching the nutritive values of foods. The second table gives the values of the same foods in terms of actual weights of each of the essential nutrients. Values are given for foods as prepared for the table. The tables include not only the most widely used individual foods but also foods as combined in recipes.

SOLVING SCHOOL HEALTH PROBLEMS, by Dorothy B. Nyswander. Commonwealth Fund, New York, 1942. 377 pp. \$2.

A 4-year intensive study of school health service in New York City was ended in June 1940. This work, following a series of closely related studies that have been made throughout the country in the past 15 years, culminated in a practical application of the experiences and conclusions of the studies.

The purpose of the experiment in New York City was to find out how to use organized effort most effectively to improve the health of school children. The plan of the study in New York City is described, the problems of administration of school health service are set forth, and the functions of the Board

of Education, the Department of Health, teachers, school physicians, nurses and dentists, private physicians, and parents are analyzed. In the appendix the medical card, pupil health card, and report forms and letters are described, procedures used in heart examinations are outlined, and suggested tasks for clerical workers are listed.

In this critical time, when the health of children is of vital importance, those responsible for school health service throughout the country will find information and suggestions in this book that will be helpful in the administration of their services.

THE MODERN ATTACK ON TUBERCULOSIS, by Henry D. Chadwick, M. D., and Alton S. Pope, M. D. Commonwealth Fund, New York, 1942. 95 pp. \$1.

The purpose of the authors is to give a comprehensive view of tuberculosis control in the community that will be useful particularly to the health officer and administrator. "The rational hope for the eradication of tuberculosis depends upon successful application of known methods of prevention."

The epidemiological aspects of tuberculosis are stressed as essential in planning an effective control program. The failure to consider tuberculosis as a communicable disease has retarded its control; the reporting of cases is still grossly inadequate in many States. Morbidity and mortality rates from tuberculosis by age and sex, infection, and the ratio between cases and deaths are fully discussed in view of recent studies. The fact that only 10 to 15 percent of all cases admitted to sanatoria are in the minimal stage indicates the need for case-finding programs. Under predisposing factors are discussed war, diabetes, pregnancy, and certain occupations.

Diagnostic procedures, the sanatorium, the importance of a central file of tuberculosis cases, a practical method of clinic follow-up of contacts, population groups in whom the incidence of tuberculosis is greatest, are among the topics discussed. A community plan for eradication of tuberculosis is outlined.

NOTICE

The Children's Bureau has available a new supply of plans for building two types of incubators and a carrier for premature babies, which were prepared by the National Youth Administration and the Children's Bureau.

If copies have been requested and have not been received an order sent now to the Children's Bureau, United States Department of Labor, will be filled promptly.

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• YOUNG WORKERS IN WARTIME •

New Child-Labor Laws in Louisiana and Puerto Rico

Although only a few legislatures were in regular session in 1942, two jurisdictions—Louisiana and Puerto Rico—enacted legislation which materially improved their child-labor laws.

Louisiana.—The new Louisiana law (Act No. 341) was approved by the Governor on July 17, 1942. Louisiana has now become the fifteenth State to establish a basic 16-year minimum age for employment. This minimum age applies to employment in manufacturing occupations at any time and also to any gainful occupation during school hours, except in agriculture and domestic service, which are exempted from all the provisions of the act. Children may work outside school hours and during school vacations in nonfactory or nonhazardous work at the age of 14, and as golf caddies at 12 years of age.

Employment certificates are now required for minors up to the age of 18 years, instead of 16. Vacation permits are required for minors under 16, and age certificates are to be issued upon request for minors between 18 and 21.

The hours-of-work and night-work standards have been strengthened for minors under 18 years of age, for whom an 8-hour day, 44-hour week, and 6-day week are established. Girls under 18 and boys under 16 may not work between 7 p. m. and 6 a. m.; and boys between 16 and 18, not formerly covered as to night work, are prohibited from working between 10 p. m. and 6 a. m.

For the first time in its history, Louisiana specifically regulates the employment of children in street trades. The new act sets a minimum age of 14 years for boys and 18 for girls in such work and prohibits boys under 16 from working between 7 p. m. and 4:30 a. m., except that from April 1 to September 30 they may work until 8 p. m. Permits are required for boys between 14 and 16 years of age.

The act prohibits the employment of minors under 18 in a considerable number of hazardous occupations, including some occupations declared hazardous for minors 16 and 17 years of age by the Chief of the Children's Bureau under the Fair Labor Standards Act. The commissioner of labor is given power to declare other occupations hazardous for minors under 18.

Louisiana also amended its law relating to the use of children in public performances (Act No. 155).

Puerto Rico.—The new Puerto Rico law (Act No. 230, approved May 12, 1942) is similar to the Louisiana act in many respects, and like the Louisiana law, meets the child-labor standards of the most progressive States. In addition, the Puerto Rico act raises the upper age limit for compulsory school attendance from 14 to 16 years of age.

A minimum age of 16 is established for employment in specified occupations during school hours and in factory work at any time. Certain nonprohibited work is allowed at the age of 14 years outside school hours. Unlike the Louisiana act, the Puerto Rico law specifically covers agriculture, the specified minimum ages applying to "agricultural tasks."

The hours and night-work standards are improved. A 40-hour week, 8-hour day, and 6-day week are established for minors under 18. Children under 16 may not work between 6 p. m. and 8 a. m., and minors between 16 and 18 are prohibited from working between 10 p. m. and 6 a. m. Exemptions are allowed under certain conditions for minors between 14 and 18 years in concerts or theatrical shows.

Employment certificates are now required for minors up to 18 years of age, instead of 16 as formerly. Provision is made also for the issuance, upon request, of age certificates for minors 18 or over, instead of for minors 16 or over.

Under this act Puerto Rico has also established standards for working in street trades, which is called "peddling." The minimum age for such work is set at 14 years for boys and 18 for girls, a special permit being required for children between 14 and 16 for peddling outside class hours. Such children are subject to the maximum-hours provision for work in any gainful occupation. Night work is prohibited for peddlers 14 to 16 years of age between 7 p. m. and 6 a. m. Minors between 16 and 18 must follow the same night-work standards as all other minors of these ages.

A considerable number of hazardous occupations are prohibited for minors under 18 years. The Insular Industrial Safety Board is given power to declare other occupations hazardous. Several of the occupations prohibited for minors under 18 are similar to those designated as hazardous for minors 16 and 17 years of age by the Chief of the Children's Bureau under the Fair Labor Standards Act.

• EVENTS OF CURRENT INTEREST •

Day Care in the News

The Children's Bureau has set up a Day Care Unit in the Child Welfare Division with planning for the provision of day-care services for children of working mothers as its function. Mrs. Hazel A. Fredericksen has charge of the unit.

* * *

At a meeting of the War Manpower Commission on July 8, 1942, the problem of day care for children of working mothers was considered and the relationship between this program and the labor supply was recognized.

* * *

In order to develop an integrated program for the care of children of working mothers during the war period and to relate this program to the problem of labor supply through the War Manpower Commission, the Office of Defense Health and Welfare Services has established a day-care section and placed Charles I. Schottland, Assistant to the Chief

of the Children's Bureau, at its head. Federal agencies interested in the provision of day-care services are, in addition to the War Manpower Commission and the Children's Bureau, the Office of Education of the Federal Security Agency, the Work Projects Administration of the Federal Works Agency, the National Housing Agency, the Farm Security Administration, the United States Employment Service, the Recreation Division of the Office of Defense Health and Welfare Services, and the Bureau of Public Assistance of the Social Security Board.

* * *

Charles P. Taft, Assistant Director of the Office of Defense Health and Welfare Services, Katharine F. Lenroot, and Mrs. Eugene Meyer took part in a discussion of the Federal program for day care of children of working mothers that was broadcast by the Columbia Broadcasting System August 25 at 10:30 p. m.

CONFERENCE CALENDAR

Sept. 28-Oct. 2	National Recreation Association. War Recreation Congress, Cincinnati. Information: T. E. Rivers, National Recreation Association, 315 Fourth Avenue, New York.		meeting, St. Louis. Permanent headquarters: 1790 Broadway, New York.
Oct. 6-8	National Safety Council. Thirty-first National Safety Congress, Chicago. Permanent headquarters: 20 North Wacker Drive, Chicago.	Nov. 8-14	American Education Week. General theme: Education for Free Men. Sponsored by National Education Association, 1201 Sixteenth Street, NW., Washington.
Oct. 12-16	American Hospital Association, St. Louis. Permanent headquarters: 18 East Division Street, Chicago.	Nov. 15-21	Children's Book Week. A Nation-wide cooperative program shared by educators, librarians, scout leaders, booksellers, and publishers. Poster and information from Book Week Headquarters, 62 West Forty-fifth Street, New York.
Oct. 18-21	National League to Promote School Attendance, Rochester, N. Y. Information from C. L. Mosher, 710 Eighteenth Street, Santa Monica, Calif.	Nov. 4-7	American Academy of Pediatrics. Chicago. Secretary: Dr. Clifford G. Grulee, 636 Church St., Evanston, Ill.
Oct. 19-23	National Probation Association, Asheville, N. C. Permanent headquarters: 1790 Broadway, New York.	Nov. 10-12	Southern Medical Association. Thirty-sixth annual meeting, Richmond. Secretary: C. P. Loran, Empire Building, Birmingham, Ala.
Oct. 27-30	American Public Health Association. Seventy-first annual		

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